

# My Asthma Action Plan

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Doctor or Medical Provider: \_\_\_\_\_

Medical Record #: \_\_\_\_\_

Phone for doctor or clinic: \_\_\_\_\_

Phone for taxi or friend: \_\_\_\_\_

Traffic light colors will help you learn about asthma symptoms and what to do.



- 1) **GREEN** means I feel GOOD. Use preventive medicine.
- 2) **YELLOW** means I do NOT feel good. Add a relief medicine to make you feel better fast.
- 3) **RED** means I feel AWFUL. Get help right away.

I feel good

- Breathing is good.
- No cough or wheeze.
- Can work and play.



Peak Flow Numbers: \_\_\_\_\_

\_\_\_\_\_ to \_\_\_\_\_

**Use asthma preventive (controller) medicine.**

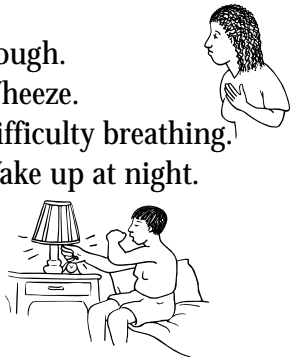
Medicine:	How taken:	How much:	When:
_____	_____	_____	_____ times a day
_____	_____	_____	_____ times a day
_____	_____	_____	_____ times a day

20 minutes before exercise or sports, use this medicine:

\_\_\_\_\_ puff/s

I do NOT feel good

- Cough.
- Wheeze.
- Difficulty breathing.
- Wake up at night.



Peak Flow Numbers: \_\_\_\_\_

\_\_\_\_\_ to \_\_\_\_\_

**ADD** a relief medicine to keep asthma from getting worse.

Medicine:	How taken:	How much:	When:
_____	_____	_____	_____ hours

**ALSO CONTINUE/INCREASE** your controller medicine:

_____	_____	_____	_____ times a day
_____	_____	_____	_____ times a day

Call your doctor or medical provider if relief medicine does not work and if you have these symptoms more than twice a week!

I Feel AWFUL

- Medicine is not helping.
- Breathing is hard and fast.
- May see ribs during breathing.
- Can't walk well.
- Can't talk.
- Feel very scared.

Peak Flow Number is Lower than \_\_\_\_\_

**Get help now!** Take these medicines until you get emergency care.

Medicine:	How taken:	How much:	When:
_____	_____	_____	_____ times a day
_____	_____	_____	_____ times a day



**Get emergency help or call 911 if your breathing is very bad.**